



STUDENT GRANT AND EXPENSE VERIFICATION

CASE NAME	CASE NUMBER
COMMUNITY SERVICES OFFICE (CSO)	DATE

SECTION 1: TO BE COMPLETED BY DEPARTMENT OF SOCIAL AND HEALTH SERVICES (DSHS)

FINANCIAL SERVICES SPECIALIST NAME	TELEPHONE NUMBER
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CLIENT NAME AND ADDRESS

SECTION 2: TO BE COMPLETED BY STUDENT

STUDENT NAME (PLEASE PRINT)	SOCIAL SECURITY NUMBER	NAME OF SCHOOL
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Я разрешаю вышеуказанному учебному заведению дать информацию о моих занятиях Отделу социального обеспечения и здравоохранения (DSHS), Отделу обеспечения занятости (Employment Security Division/ESD) и Отделу восстановления трудоспособности (Division of Vocational Rehabilitation/DVR). Такая информация включает все денежные премии, расходы на образование, количество часов-кредитов пройденных курсов, посещение курсов и отметки. DSHS применит информацию для точного определения моего права на пособие по общественной помощи (Public Assistance/PA) и/или продовольственным купонам (Food Stamps/FS). Копия этой анкеты может быть передана ESD для определения моего права на денежные средства от программ труда JOBS или FIP. Копия этой анкеты тоже может быть передана DVR для определения моего права на услуги программы для восстановления трудоспособности.

Учебное заведение требует срок 10 дней для оформления этой анкеты. Приложите к этой анкете копию Вашей премии по финансовой помощи (financial aid award) и вышлите ее в Офис общественных услуг (Community Services Office/CSO). Сохраните копию у себя.

STUDENT SIGNATURE	DATE
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SECTION 3: TO BE COMPLETED BY THE SCHOOL

Student is: ☐ Undergraduate; ☐ Graduate. Student attends: ☐ less than 1/2 time; ☐ 1/2 time or greater.

Period for which award and expenses cover: _____ through _____
MONTH/YEAR MONTH/YEAR

Award funds are issued each: ☐ Quarter ☐ Semester ☐ Other (Specify): _____

The following costs were used in budgeting the student's financial aid award. NOTE: Please consider the student's child care needs when establishing the financial aid need.

1. Total Financial Award:		\$
2. Tuition and fees:	\$	
3. Books and supplies:	\$	
4. Transportation:	\$	
5. Miscellaneous personal expenses:	\$	
6. Sub-total Expenses: (For ESD work programs) (Add lines 2 thru 5)	\$	
7. Dependent care expenses: (For PA/FS programs)	\$	
8. Total Attendance Expenses: (For PA/FS Programs) (Add lines 6 + 7)	\$	
9. Total Financial Award Available: (For PA/FS Programs) (Subtract line 8 from line 1)		\$
FINANCIAL AID REPRESENTATIVE SIGNATURE	TELEPHONE NUMBER	DATE

STUDENT GRANT AND EXPENSE VERIFICATION INSTRUCTIONS

The Financial Services Specialist (FSS) enters the case name and number, the CSO, and the date in the upper right corner.

SECTION I: TO BE COMPLETED BY DEPARTMENT OF SOCIAL AND HEALTH SERVICES (DSHS)

This section is completed by the FSS. The client's name and address are entered in the window envelope box. The FSS name and telephone number are entered here.

SECTION II: TO BE COMPLETED BY STUDENT

This section is completed by the student. The student prints their name, social security number, and name of the school, then signs and dates the authorization statement.

SECTION III: TO BE COMPLETED BY THE SCHOOL

This section is completed by the financial aid officer of the school. The financial aid officer specifies whether the student is an undergraduate or graduate, whether the student is attending less than half-time or more, the frequency award funds are issued, and the time period the financial award is intended to cover. This form need be completed only once during the period indicated unless the client reports that a change has occurred.

Computation table instructions:

- Line 1: The total financial award amount is placed here.
- Line 2: The amount budgeted by the school for tuition and fees is placed here.
- Line 3: The amount budgeted by the school for books and supplies is placed here.
- Line 4: The amount budgeted by the school for transportation costs is placed here.
- Line 5: The amount budgeted by the school for personal expenses (including disability related expenses) is placed here.
- Line 6: The financial aid officer adds Lines 2 through 5 and places the sub-total here. This amount is used by Employment Security Department for work program eligibility purposes.
- Line 7: The amount budgeted by the school for dependent care expenses is placed here. This amount is used for Public Assistance grant and Food Stamp program eligibility purposes.
- Line 8: The financial aid officer adds Lines 6 and 7, and places the amount here. This amount is used for Public Assistance grant and Food Stamp program eligibility purposes.
- Line 9: The financial aid officer subtracts Line 8 from Line 1 and places the amount here. This amount is used for Public Assistance grant and Food Stamp program eligibility purposes.

The financial aid officer then signs and dates the form and provides a telephone number where they can be reached if the FSS needs to ask any questions.

DISTRIBUTION AND ROUTING :

This form is completed in duplicate. The original is completed by the school and returned to the student. The student returns the completed form to the Community Service Office and retains a copy .